

2018 New Vendor Application

Robert G. Shaw Piedmont Triad Farmers Market

2914 Sandy Ridge Rd. Colfax, NC 27235 336.605.9157 Fax: 336.605.9401

This application must be completed, returned to the Market office and approved by Market Management before you will be eligible to rent space. **Each year every farmer and non-farmer must schedule a meeting with Market Management before renting space.** This application expires December 31st of each year. To be considered for space you must submit an application each year. **No non-farmer or concession applications will be accepted after April 30**

Please print

Owner name: _____ Date _____

Business or Farm name: _____

Business/Farm mailing address: _____
Street/PO Box City & State Zip

County: _____

Business/Farm physical address: _____
Street City & State Zip

County: _____

Home address: _____
Street/PO Box City & State Zip

County: same _____

Business or Farm phone # _____ Home #: _____
☐ check box if not to be given to customers ☐ check box if not to be given to customers

Cell phone #: _____ Website/Social Media: _____
☐ check box if not to be given to customers

Email address: _____

Emergency contact: _____
Name home/cell #'s

Is your farm GAP certified? Y N Is your farm certified organic? Y N FSA number _____

Are you a member of the Got to be NC/ Goodness Grows in NC program? Y N

Will you be selling only product grown/made by you? Y N

What area of the market are you requesting to sell in?

- ☐ Market Shoppes ☐ Farmers Area
☐ Craft/Baked Goods ☐ Concession

Meeting with Market Management: Date _____ Time _____



*If you are a farmer and intend to sell items other than those listed on FSA 578 forms you must complete this section.
All Non- Farmer and Concession applicants must complete this section.

Fully describe the type of business. Please list all items to be sold. Use additional pages if necessary. If selling baked goods you must have a home inspection. Call NCDA&CS Food & Drug Protection Division at **919.733.7366** to schedule an inspection. If selling seafood you must provide a Commercial Fisherman's and/or Seafood Dealer's: name, location, contact information, and license number.

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Helpful websites: www.triadfarmersmarket.com - www.gottobenc.com - www.ncagr.gov
www.ncagr.gov/fooddrug/food/homebiz.htm - www.ncagr.gov/MeatPoultry/meathandlers.htm -
www.ncagr.gov/plantindustry/plant/nursery/lictbl.htm - www.fsa.usda.gov/FSA/

I have received, read, understood and agree to abide by all 2018 Market rules, regulations and guidelines. I understand that my failure to follow the guidelines set forth will result in loss of selling privileges on the Market.

Signature: _____ Date: _____

For Farmers Market Office Use Only

☐ Approved ☐ Denied by: _____ Date: _____

☐ Farmer ☐ Non-Farmer ☐ Concession Updated/Entered in Gatehouse Program by: _____